

Officer Name:	Date:						
Home Address:		VPA ID#:					
Work Email:	Work Phone	:					
Personal Email: Person					one:		
Annual Requirements:							
30 hours of in-service training (Maxir	ine.)	Hours					
**For example, as an instructor you m Twenty or more hours need to include legitimate training topics with a maxim	e additional ma	ndated tra	ining, or	-			
Firearms Qualification (VCJC approve		Hours					
First Aid/CPR		Hours					
Domestic Violence Response (every ev	Hours						
Use of Force and Tactics (VCJC appro	Hours						
Conducted Electrical Weapons Training (Annual recertification if carried) Hours							
Policy Submission		Hours					
FIP Training (every odd year)							
Inservice Elective Hours Topic A	reas:						
Please list training below, if an instruc	ctor signature is	s not availa	ıble, list "	not available" i	n the designated area.		
			l				
Course Name	Course Hours	Course Credits	Date	****Instruct	****Instructor Signature		
Use attached sheet if necessary VGJC Annual Inservice Requirements 8/22	•			<u> </u>			



Officer Name:	VPA ID#:					
Agency:					Date:	
Course Name	Course Hours	Course Credits	Date	Instructor Signature		



Officer Name:	VPA ID#:
Agency:	Date:
I have read and signed this form and attest that the informaccurate to the best of my knowledge. I understand that statement that I do not believe to be true with the intent performance of their official functions on a form bearin law. False Statements are subject to Council investigation process.	t intentionally making a false written to mislead a public servant in the g this notice is punishable by
OFFICER SIGNATURE	DATE
TRAINING OFFICER SIGNATURE	DATE
AGENCY HEAD/DESIGNEE SIGNATURE	DATE

This form must be maintained for each officer by the police department's Agency head. It is documentation of annual training credit hours received. For audit purposes, a copy of this form <u>must be provided</u> when requested to the Vermont Criminal Justice Council. **This form must be signed by both the officer receiving training, a training officer if applicable, and the Agency Head or Designee.**